existing halls and passages being still retained for the staff, and affording an approach to the respective stories, but no covered approach or communication of any kind allowed to remain between these and the wards. By these simple expedients, and the limiting the number of beds to three in each ward, it is probable a large saving of human life would result, and hospitalism become, like jail-fever and smallpox, a thing of the past. Pity the founders of the great hospitals so recently erected had not applied our dear-bought experience in their magnificent constructions. The sooner these altered arrangements are made in such great palatial institutions as St. Thomas's and the Leeds hospitals, as well as the maternities and our other great charities subject to erysipelas, pyæmia, and phagedæna, the sooner will the insidious approaches and fell ravages of our common enemy, hospitalism, be subdued.

"Stow, in his *Survey*, mentions, in speaking of the King's Bench Prison, that the great mortality that occurred there in the six years preceding 1579 was produced through a certain contagion called "The Sickness of the House." Those learned physicians who uphold the crowding in large hospitals, and imagine they can meet the difficulty by disinfectants, I would refer to the simple experience of that benefactor of our species, John Howard, as conveyed in his preface a century since. He says: 'I guarded myself by smelling to vinegar while I was in those places. This I did constantly and carefully when I began; but, by degrees, I became less attentive to these precautions, and have long since entirely omitted them.' John Howard discovered and carried out the best means, on true scientific principles, of disposing, once and for ever, of 'the sickness of the house.' If the obstinate hospital crowders would take example by him, and meet as he did, crowding, the cause of 'the diseases of the house,' and, as he did, remove them, they would speedily produce an equally satisfactory result, and, like Howard, give up their futile attempt to meet the case of dealing with emergency by 'smelling to vinegar.'"—*Brit. Med. Journ.*, August 10, 1872.

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63. *Carbon as an Antidote to Phosphorus.*—MM. **Eulenberg** and **Vohl** have recently shown that phosphorus may be absorbed by charcoal. They, therefore, propose to employ the latter coal as an antidote to the former. They recommend that animal charcoal be given, with this view, in pills, because in that form, charcoal requires less fluid in order to be swallowed, and further because animal charcoal made into a pilular mass with mucilage or gum tragacanth is preserved many years. Experiments made upon animals have resulted very favourably.—*Revue de Thérapeutique, Med. Chir.*, April 15, 1872.

64. *Is Strychnia the Antidote to Chloral?*—M. **Oré**, Professor of Physiology at the Bordeaux School of Medicine, answers in the negative, or at least he denies that Liebreich had the right to state that strychnia was the antidote to chloral, as an inference from the experiments which he (Liebreich) had performed. M. Oré has been going over Liebreich's experiments, and has not attained the same results. It will be remembered that Liebreich's experiments went to show: 1. An hypodermic injection of two grammes (half a drachm) is deadly to rabbits. 2. An injection of one milligramme and a half of strychnia is equally deadly. 3. If an hypodermic injection of one milligramme and a half of strychnia be made into a rabbit, even when the effects produced by a subcutaneous injection of two grammes of chloral have begun to show themselves, these effects are rapidly arrested and the animal is restored to life. On the other hand, it dies if no strychnia is administered.

M. Oré's counter-experiments, eight in number, have been conducted on rabbits of various sizes. The results are: If two grammes of chloral occasion death in certain cases they do not in all; and the same may be said of one and a half milligrammes of strychnia. M. Oré concludes that strychnia may be the antidote to chloral, but that the fact has not been demonstrated by Liebreich in his experiments.—*The Lancet*, July 20, 1872.

65. *Death from the use of Chloral Hydrat.*—A case is related in the *Wiener Med. Wochenschr.* (No. 48, 1871), by Dr. MASCHKA, of an individual affected with palpitation of the heart and shortness of breathing, to whom was given as an anæsthetic, 4 gm. chloral hydrat, dissolved in 90.0 gm. of water. After taking this, the patient drank some punch. Immediately anæsthesia was produced, and two teeth were extracted without the patient being sensible of the operation. Directly afterwards the face of the patient became first flushed, then pallid, breathing ceased, and within a few minutes death ensued. Three days afterwards an autopsy was made, showing a loaded state of the blood-vessels of the integuments of the cranium, and of the brain and its membranes. The lungs were condensed, and in part beset with tubercles; the parietes of the left auricle and ventricle of the heart were atrophied; the tricuspid valves were hardened and unyielding; between the membranes of the brain, in the left pleural cavity, and in the pericardium, there was a considerable amount of serous effusion. Death in this case was caused, evidently, by what, in ordinary cases, was an unexceptional dose of chloral hydrat, acting upon a system already prone to narcotism, from disease of lungs and heart. The important lesson inculcated by the above case is the necessity of extreme caution in the administration of chloral hydrat under similar circumstances.—*Centralblatt f. d. Medicinisch. Wissenschaften*, March 16, 1872. D. F. C.

66. *Poisoning from Morphia.*—Dr. MODEL relates, in a number of the *Bair. Aertz. Intell. Bl.* for 1871, the following case. A young female, predisposed to attacks of mania, took unintentionally, within a short period, 18 c. g. m. of acetate of morphia, and was thrown into a state of extreme agitation. When seen, some hours subsequently, by the physician, there was perfect unconsciousness, with extreme tension of the muscles, coolness of the entire body, pupils immovably contracted, extreme feebleness of the heart's action, with weak and intermittent respiration. One hundred gm. of a solution of tannin were injected into the stomach of the patient, and to her body was imparted a rolling motion, with a view to bring the solution in contact with every part of the lining membrane of the stomach. Subsequently coffee and wine were injected. At the same time, the surface of the body was subjected to the action of various irritants, adapted to rouse into action the second branch of the trigeminus nerve, and thus by reflex action to reinstate the respiratory movements. One of the most powerful was found to be the forcible besprinkling of the face with ice-water. The above efforts were persevered in for two and a half hours, during which there took place frequent alternations of apparent recovery, followed by a relapse into the previous condition of paralysis. Finally, complete recovery ensued. The patient, on the days which immediately followed, was tolerably tranquil. Dr. M., in cases like the foregoing, where medical aid is invoked so long after the poison has been taken, prefers the solution of tannin to trusting the patient's safety alone to the unaided, doubtful, antidotal power of belladonna.—*Centralblatt f. d. Medicinisch. Wissenschaften*, No. 17, 1872.

D. F. C.